

M I N N E S O T A

Board of Dentistry • Updates

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals"

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What Do the New Rules REALLY Mean for Me?!!

Q: "I only administer Nitrous Oxide. How do the new rules affect me?"

A: As long as a Dentist, Hygienist or a Registered Dental Assistant is certified by the Board of Dentistry for the administration of nitrous oxide, then there are no certificates to display, no renewal process to go through, and no mandatory training to maintain the certification. Once you are certified by the Board, you stay certified.

The big question then becomes, "Are you certified with the Board?" The only way to know is to check by doing a license verification. You can do that online at our website under Online Services, or call the Board office and ask to have it checked. Online license verification can be found at [Online Services](#) from the home page. (For this search page, **less is more**. Only put in a license or registration number if you have it, or search by last name. The more information that you enter, the less likely that you'll find who you're looking for!) Once you find the license or registration, click on details to see a statement of the status of that license. Under Certifications, Nitrous Oxide should have an X in the box.

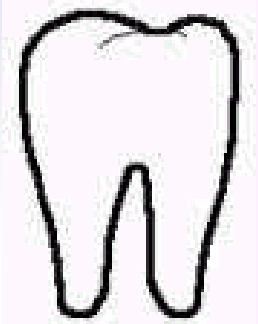
If you find that you are not certified but you've had the training, please contact the Board.

Q: "I'm Conscious Sedation or General Anesthesia certified. Where is my certificate?"

A: All dentists currently certified in conscious sedation or general anesthesia will be issued a sedation renewal certificate when they renew their sedation certification at the time that their license is next due for renewal. The Board will not issue certificates until the Dr's first renewal. Requirement for displaying a certificate will not be enforced until after the first certificate has been issued. (This will mean that it will take 2 years for all currently certified dentists to be issued their first certificate.) The renewal of sedation certification is due at the time of your license renewal. The renewal must be done on a paper renewal form available from our website at [Other Forms](#) and can be mailed in separately from the license renewal allowing the Dr to continue to renew their license through the online license renewal process. The new sedation renewal certificate must be displayed in addition to the license renewal certificate.

Q: "I am certified for Conscious Sedation and General Anesthesia. Do I need to renew for both and pay two fees?"

A: No. In the new rules, it specifies that anyone certified for General Anesthesia shall be automatically certified for Conscious Sedation and Nitrous Oxide. The same will be true for renewals. Only the General Anesthesia renewal needs to be completed with the one fee, and a certificate will be issued that states both the General Anesthesia and Conscious Sedation are current. No certificate needs to be displayed for Nitrous at this time. Similarly, new applicants for General Anesthesia do not need to apply for Conscious Sedation or Nitrous Oxide, as they will be added automatically.



What do the New Rules REALLY Mean for Me?!! (Cont.)

Q: I'm not certified for Nitrous Oxide with the Board, and my school won't attest to the minimum of 3 personally administered and managed cases of analgesia! What do I do?

A: The Board's newly adopted rules for the requirements for applying for Nitrous Oxide state that you must have proof from your school that the nitrous oxide training you completed is from "an institution accredited by the Commission on Accreditation, and... the course must include a minimum of 12 hours of didactic instruction, personally administering and managing at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration."

Based on the new requirement for attestation to a minimum of 3 personally administered and managed cases, and the fact that there are some schools currently unable to attest to the cases, the Board has created an alternate Nitrous Oxide application form that is available only until June 1, 2008. This new version of the application form includes an additional section (Section 4) that allows the licensee or registrant personally (or a 3rd party) to attest to the fact that their training included the required 3 personally administered and managed cases. The Attestation version of the nitrous oxide application form can be found currently on our website at, [Nitrous Oxide Sedation Form](#). This form, along with official documentation from your school certifying your completion of the other requirements can be submitted (NOT FAXED) to the Board for certification in nitrous oxide.

Please note that this attestation version of the nitrous oxide application form is only valid until June 1, 2008, so if your training is from before March 19, 2007 and you are not yet certified with the Board, make sure to complete this form and submit it prior to the end of this year, otherwise, you may be required to retake the training.

Q: "How long must I keep a patient record?"

A: A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental record for at least seven years past the age of majority."

If you did not write it down, it did not happen!

"But, I always...."

"Every time I see a new patient, I..."

"Well, it is just understood that I..."

"I will get to that later because...."

"After all, it is only charting and I am behind schedule."

You have just received a letter from the Board of Dentistry and you know it is not renewal time. You are being made aware that a formal complaint has been opened against you and the patient record has been requested. Now is not the time to say "I should have..."

The "Recordkeeping Rule" was adopted in 1997 as an example of the **minimal** standards needed for a patient record.

Do your patient records include notations regarding the following?

- Patient name, address, contact information
- An updated medical history
- Enough data to formulate a treatment plan
- A treatment plan with options—(This means the dentist, not the dental assistant, hygienist, office manager or the financial coordinator has presented all options.)
- Agreement from the patient to proceed with treatment—(or refusal)

Treatment has now been completed. Do your patient records now include notations regarding the following?

- What happened at the visit
- Type and amount of local anesthesia, nitrous oxide, etc. used
- All materials used or placed
- Prescriptions and post operative instructions given
- Your name or initials

You can certainly view the Board's website for a complete copy of the Recordkeeping rule: [MN Rule 3100.9600](#).

Please remember to make emergency services available nights, weekends, and holidays.

A toothache cannot distinguish the days of the week.



Welcome to Our New Board Members

A warm welcome to our three incoming Board members. Freeman Rosenblum, DDS who served previously on the Board for 8 years; Joan A. Sheppard, DDS; and Kristin Heebner, JD. The Board looks forward to working with you!

Freeman Rosenblum, DDS



Returning to the Board, Freeman Rosenblum graduated from the University of Minnesota with a BS, DDS and graduated from the University of Nebraska with an advanced degree in Pediatric Dentistry. He has taught at the University of Minnesota's Department of Pedodontics and is currently working at Metropolitan Pediatric Dental and is serving as their President.

Freeman has worked with many dental organizations including serving as President of the Association of Pediatric Dentists, President of the St Paul District Dental Society, served as Chairman of several Minnesota Dental Association committees, and has been appointed to the Minnesota Board of Dental Examiners twice.

Freeman was born in Minnesota and lives in the south metro with wife Shirley. They have three grown sons Craig, Richard and Mark. Dr Rosenblum looks forward to again working with the Board to address many areas and help protect the citizens of Minnesota.

Joan A. Sheppard, DDS



New Board member, Joan Sheppard has practiced dentistry in Burnsville for 27 years, currently in a group with Drs Lennard Lindquist and Michael Bergstein. She received her DDS degree from the University of Minnesota School of Dentistry and holds a BA degree in Psychology from the U of M College of Liberal Arts as well. Joan has been active in organized dentistry from the start, serving on committees at the St. Paul District including Peer Review, Midwinter Meeting, and on the Executive Council. She has also served on the MDA Peer Review Committee. Dr Sheppard was also an early supporter of the Dakota County Technical Dental Assisting Program, as a member on their Board. Over the years she has enjoyed volunteering in various community organizations and church activities. Joan is married to David Sheppard and resides in Bloomington, MN. They have one grown son. Joan and David are both native Minnesotans and when time allows they enjoy relaxation at their cabin in West Central Minnesota.

Kristin Heebner, JD



Kristin Heebner, our new public Board member graduated from Boston College Cum Laude with a BA in Political Science and graduated from the University of Minnesota Law School Cum Laude with a JD.

Currently, she practices law at Moss & Barnett, P.A. in their commercial litigation group. Kristin lives in southwest Minneapolis with her husband Dave and their two golden retrievers, Atlas and Aspen and is an avid marathon runner, enjoys running the lakes and she also enjoys visiting her parents on Pokegama Lake in Grand Rapids, Minnesota.



Application Forms Now Online

The MN Board of Dentistry now has most of the application forms on the website. Applications and requirements for licensure or registration can be found at [Licensure and Registration](#).

Application for certification for Nitrous Oxide, Conscious Sedation, or General Anesthesia can be found at [Other Forms](#).

RETIREMENT AND LICENSURE

The Minnesota Board of Dentistry often receives inquiries about what a dental provider needs to know as they plan for retirement from their usual professional practice. There are applicable statutes and rules that providers need to be aware of and are summarized in this article. The article also addresses some of the standards applied by the Board through the complaint resolution process for situations involving retirement and professional licensure.

Maintaining Your License or Registration versus Surrendering through Administrative Termination

Although you may retire from practice, you are still able to maintain your Minnesota dental license or registration. A variety of opportunities exist for professionals to continue enhancing the dental health of the public. Keep this in mind as you decide whether or not to surrender your license or registration. Also keep in mind that the process for reinstatement can become cumbersome if there is a lapse of licensure or registration for two years or more. Refer to the [Minn. Rule 3100.1850](#) for specific information about reinstatement.

An active license is required for a dentist to provide any service that falls within the scope of dental practice as outlined in [Minnesota Statute 150A.05, Subd. 1](#). An active license is required for a dental hygienist to provide services outlined in [Minnesota Statute 150A.05, Subd. 1.a.](#), [Minnesota Statute 150A.10](#) and [Minnesota Rules 3100.8500 & 3100.8700](#). An active registration for a R.D.A. is required for services outlined in [Minnesota Statute 150A.10](#) and [Minn. Rule 3100.8500](#). Keep in mind that the provision of services includes the occasional dental care provided to family members and acquaintances or to provide volunteer services. Your career has provided you with the benefit of being viewed as capable in the occupation in which you worked. The Board, in its capacity of protecting the public, must ensure that those who seek treatment from you are provided with safe and competent care.

If you choose to maintain an active license or registration, the following requirements must be met for continued licensure:

- 1) Submit biennial license/registration renewal application and fees;
- 2) Comply with biennial professional development requirements.

In 2004, a provision was added to the Minnesota Dental Practice Act for the Board to grant a waiver for **reduced** professional development requirements (*although still very important for public protection!*) to dentists, dental hygienists and registered dental assistants who provide dental care services without compensation in a public health, community, or tribal clinic or a nonprofit organization that provides services to the indigent or to recipients of medical assistance, general assistance medical care, or MinnesotaCare programs. Please refer to the specific language of [Minnesota Statute 150A.06, Subd. 2.d](#) regarding applying for this waiver.

Q: The patient has requested a copy of her records, but there is a balance on the account. Can those records be held until the balance is paid?

A: No! A patient's dental records shall be transferred in accordance with [Minnesota Statutes, section 144.335](#), irrespective of the status of the patient's account.

RETIREMENT AND LICENSURE (Cont.)

Notifications regarding changes to practice status and ensuring that patients can access continued dental care

State law requires health care providers to allow patients to access a copy of their dental records per [Minnesota Statute 144.335](#). Patients need to have contact information that will allow them to obtain or transfer a copy of their dental record. As such, the dentists must notify their patients of practice closure and/or change of practice address when these take place. [Minnesota Statute 150A.09, Subd. 3](#) additionally requires dental professionals to maintain with the board a correct and current mailing address for the primary practice address. Within 30 days after changing addresses, you are to provide written notice of the new address to the Board office. For retirees, there usually is no primary practice address, so a preferred mailing address should be provided to the Board. Keep in mind that address information on file with the Board is public information.

Pending complaint matter

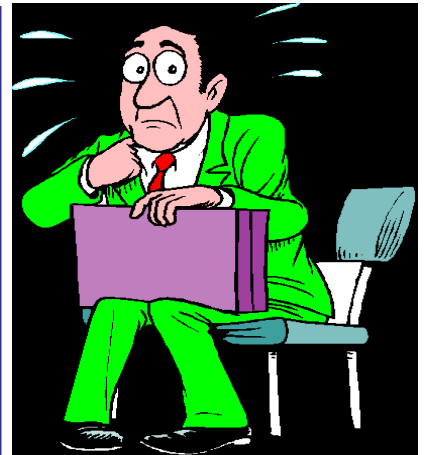
If there is a complaint matter that is not yet resolved at the time an individual notifies the Board of their wish to surrender their license, the Board may refuse to accept a licensee's or registrant's voluntary termination of license or registration. Pursuant to [Minn. Rule 3100.6325](#), the refusal occurs if the board has reason to believe that the licensee or registrant has violated any of the provisions of the Dental Practice Act has determined that allegations are serious enough to warrant resolution other than by voluntary termination. Such matters are referred to the Complaints/Compliance Unit of the Board.

Corporation dissolution

If retirement includes the sale of a practice and/or dissolution of a corporation by a practice owner, [Minnesota Statute 319B.08](#) requires the owner of the corporation to dissolve the corporation through the Secretary of State. The Certificate of Dissolution must then be sent to the Minnesota Board of Dentistry office.

Disciplinary Actions - February 2007 - June 2007

<i>Licensee / Registrant</i>	<i>Date of Order</i>	<i>Type of Order</i>
Quynh T. Hoang, RDA	3/23/07	Conditional Registration
William R. Johnson, DDS	3/23/07	Voluntary Surrender
Craig Mrosak, DDS	3/23/07	Amended - Conditional Suspension
Charles Sims, DDS	3/23/07	Unconditional
Laura A Howard, DH	6/15/07	Conditional License
Gwendolyn Timberlake, DDS	6/15/07	Stayed Suspension
Michelle Twomey, RDA	6/15/07	Voluntary Surrender
Norman Nordgren, DDS	6/15/07	Voluntary Surrender



I Need Help!

“I think my drinking is getting out of control. Please help me!”

Contact Health Professionals Services Program at 651-643-2120 or www.hpsp.state.mn.us for additional information. HPSP “promotes the early intervention of practitioners affected by substance, psychiatric, or physical disorders – and coordinates their appropriate care and treatment.” Contact with this program fulfills your reporting requirements without Board involvement. The information is confidential and could

“...save a career, a reputation, or even a life.”

YOU'RE NO TOP DENTIST!!!

Please reacquaint yourselves with the Minnesota Rules pertaining to advertising. The Board has not aggressively enforced its advertising rules in recent years, pending a review of cases nationally. However, *the Board has now received confirmation from the Attorney General's Office that its advertising rules are reasonable and defensible, and will be enforced.*



The primary concerns with advertising dental services and practices are to be sure that the public is not deceived or misled, and that no claims of superiority are put forward.

It is certainly permissible to advertise, market, or promote a dental practice, but the state recognizes that there is a public interest in occasionally limiting commercial advertising. This is done to ensure that patients or potential patients are not led to believe something that is not true. Occasionally, the public interest lies in requiring more information, to explain a credential or describe that certain services are being provided by a general dentist.

Do you know anyone who is a *top dentist*? What criteria are used to determine that their dental skills are superior to a dentist who has not received that designation from a magazine, website, or other source? Chances are, your parents will consider you a top dentist, as will your spouse and perhaps even your children. If you're pretty good and/or pretty generous (or maybe just pretty), your staff might even rank you right up there. But can you *promote* yourself as being a top dentist? Not according to [Minnesota Rule 3100.6500](#), you can't.

The people who are selling you advertising most likely don't know the Practice Act regulations, but you should. If you sound too good in your ad, you've probably violated the rules. You might want to review the rules, review your ad(s), and tone it down a bit.

PRECAUTIONARY ANTIBIOTICS



The American Heart Association ([AHA](#)) has issued revised guidelines for the use of prophylactic antibiotics prior to dental procedures. According to updated recommendations published in April, 2007, "only people who are at the greatest risk of bad outcomes from infective endocarditis... should receive short-term preventive antibiotics before common, routine dental procedures."

"These new recommendations are a major change that has evolved over nearly 50 years," said Michael Gewitz, MD, chair of the AHA Rheumatic Fever, Endocarditis and Kawasaki Disease Committee, a co-author of the guidelines and professor of pediatrics at New York Medical College and Physician-in-Chief for Maria Fareri Children's Hospital at Westchester Medical Center in Valhalla, NY. He stated in an article on the American Heart Association's website "Over this time, patients with common heart conditions were told they needed to take antibiotics prior to a dental procedure. Now, they'll be told they no longer need them. This will likely cause anxiety and concern in patients and health care providers."

Dr Gewitz suggests in the article that "there is likely to be some confusion until dentists and primary care doctors, and even specialists, all hear about these changes and get used to them." An important caution he provides is that "since patients with congenital heart disease can have complicated circumstances, even after surgical or other treatment, families [dentists] and primary care doctors should check with their cardiologist if there is any question at all as to which category best fits the individual patient."

There are recordkeeping considerations with the recently revised AHA guidelines. Please consider that as your protocol for a particular patient changes, you will need to fully explain the change in your documentation within the patient record.

UPCOMING BOARD AND COMMITTEE MEETINGS

Executive Board Meeting	6/15/07, 8:00 am	CLOSED
Board Meeting	6/15/07, 10:00 am	OPEN
Policy Committee	6/20/07, 6:30 pm	OPEN
Complaint Committee "A"	6/22/07, 8:00 am	CLOSED
Complaint Committee "B"	6/26/07, 8:00 am	CLOSED
Board Office Closed	7/4/07	
Policy Committee	7/11/07, 6:30 pm	OPEN
Licensure & Credentials	7/19/07, 8:30 am	CLOSED
Complaint Committee "A"	7/20/07, 8:00 am	CLOSED
Policy Committee	8/8/07, 6:30 pm	OPEN
Licensure & Credentials	8/9/07, 8:30 am	CLOSED
Complaint Committee "A"	8/10/07, 8:00 am	CLOSED

Board Members

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Nadene Bunge, DH, MA, Vice President (2009)	Rochester
Candace Mensing, DDS, Secretary (2010)	Rochester
Linda Boyum, RDA,, Past President (2010)	Plymouth
Freeman Rosenblum, DDS (2011)	Burnsville
Kristin Heebner, Public Member, JD (2011)	Minneapolis
Joan A Sheppard, DDS (2011)	Bloomington
Marguerite Rheinberger, JD, MPH, MA, Public Member, (2008)	Stillwater
Dean J. Singsank, DDS (2008)	Grand Rapids

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